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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number
09/751,645 (MRI0003)

RECEIVED
MAY 01 2003
TECHNOLOGY CENTER R3700

CLAIMS AS FILED - PART I			SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
(Column 1)			(Column 2)					
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))				\$ _____	OR		\$ _____	
TOTAL CLAIMS (37 CFR 1.16(c))	28	minus 20 = * 8	x \$ _____ =		OR	x \$ _____ =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 = * 0	x _____ =		OR	x _____ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		OR	+ _____ =		
			TOTAL		OR	TOTAL		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
(Column 1)					(Column 2)		(Column 3)			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 28	Minus	** 28	= 0	x \$ _____ =		OR	x \$ _____ =	
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0	x _____ =		OR	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		OR	+ _____ =	
					TOTAL		OR	TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
(Column 1)					(Column 2)		(Column 3)			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 28	Minus	** 28	= 0	x \$ _____ =		OR	x \$ _____ =	
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0	x _____ =		OR	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		OR	+ _____ =	
					TOTAL		OR	TOTAL		

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OR		OTHER THAN SMALL ENTITY	
(Column 1)					(Column 2)		(Column 3)			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 10	Minus	** 28	= 0	x \$ _____ =		OR	x \$ _____ =	
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0	x _____ =		OR	x _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =		OR	+ _____ =	
					TOTAL		OR	TOTAL		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.
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